

Name
in
Full

Fred Monroe Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} East New Market ^{County} Dorchester MARYLAND

Date of death 1908 Month 12 Day 3 Age 17 Months 1 Days 24

Sex Male Color or Race Colored Birthplace Maryland

Occupation Cystic shucker Where Reiding if not at place of death E. N. Market

Married, Single or Widowed Single Name of Wife or Huaband None

Father's Name Wesley Thompson Father's Birthplace Maryland

Mother's Maiden Name Mary Jane Brown Mother's Birthplace Maryland

Name of person giving Information Carrie Jackson How related to deceased Sister

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis & Typhoid How long 5, by friend 2 or 3 yrs.
Immediate Pneumonia & cardiac asthma How long 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

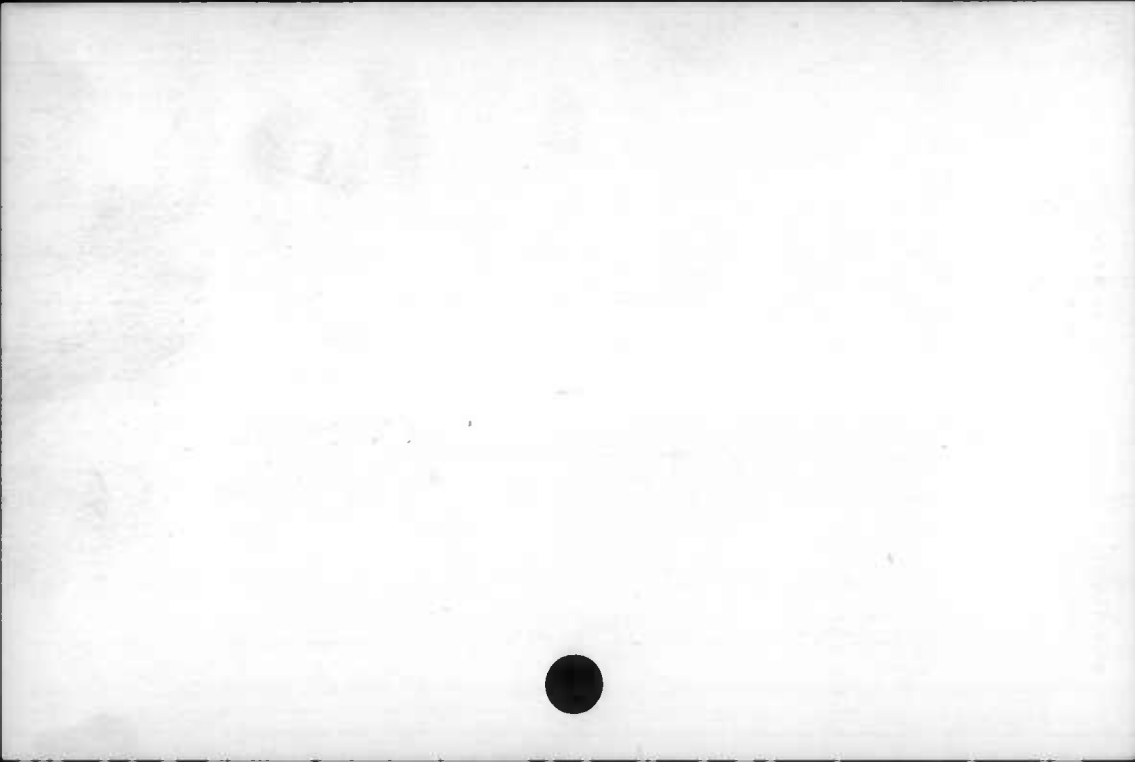
Signature of Physician A. W. Harbaugh

Address

East New Market, Md.

Accident or Sulcide

PHYSICIAN
OR CORONER



Name
In
Full

John Christopher

CERTIFICATE OF DEATH

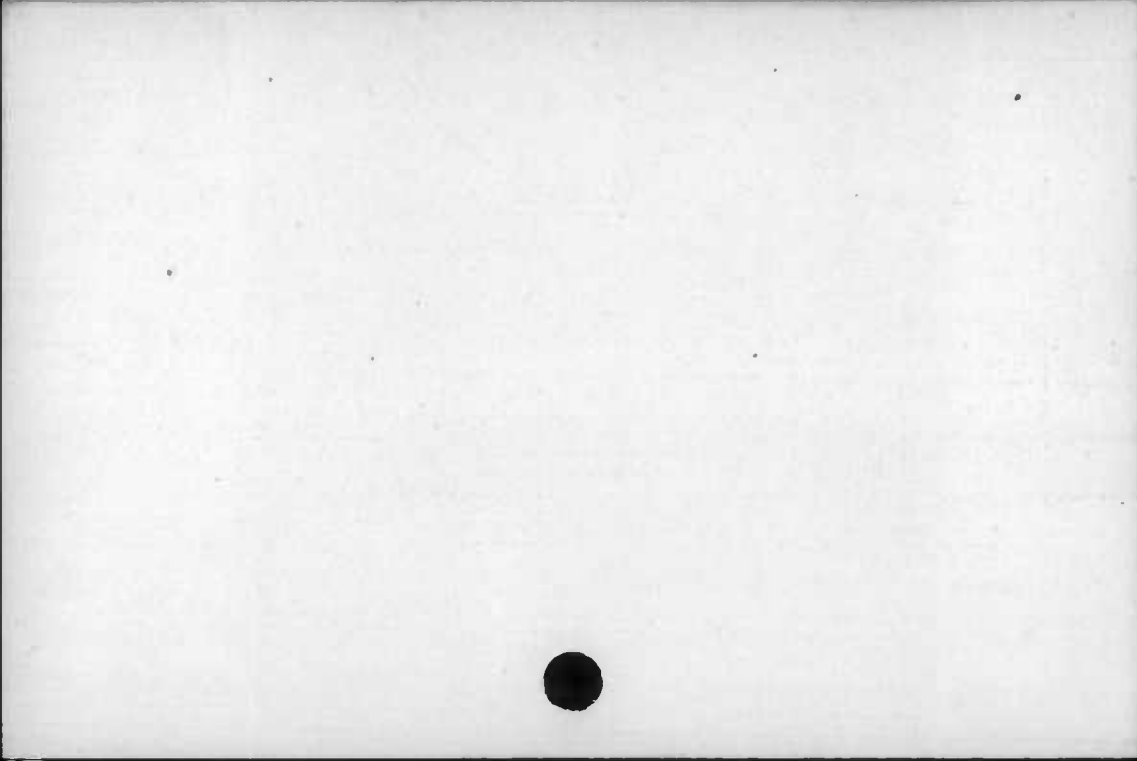
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i> <small>Town</small>		<i>Lancaster</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <small>Month</small>	<i>29th</i> <small>Day</small>	<i>15</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>School boy.</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Fraunc Christopher</i>	✓			Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Willie Banning -</i>				Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Fraunc Christopher</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound of Chest.</i>	How long <i>5 hours.</i>
Immediate <i>Internal Hemorrhage. + Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. H. Blum.</i>
	Address <i>Vienna Md</i>
Accident or Suicide	



Name
in
Full

Estella Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 Month Dec Day 30 Age 24 Years Months Days

Sex Female Color or Race colored Birth-place Blackwater

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James Cornish

Father's Name Thomas Jones Father's Birthplace Dorchester Co

Mother's Maiden Name Lair Pinder Mother's Birthplace " "

Name of person giving Information James Cornish How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long Can't say

Immediate Exhaustion How long Gradual

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician E E Wolff

Address Cambridge, Md.

Accident or Suicide



Name
in
Full

Nettie Eye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

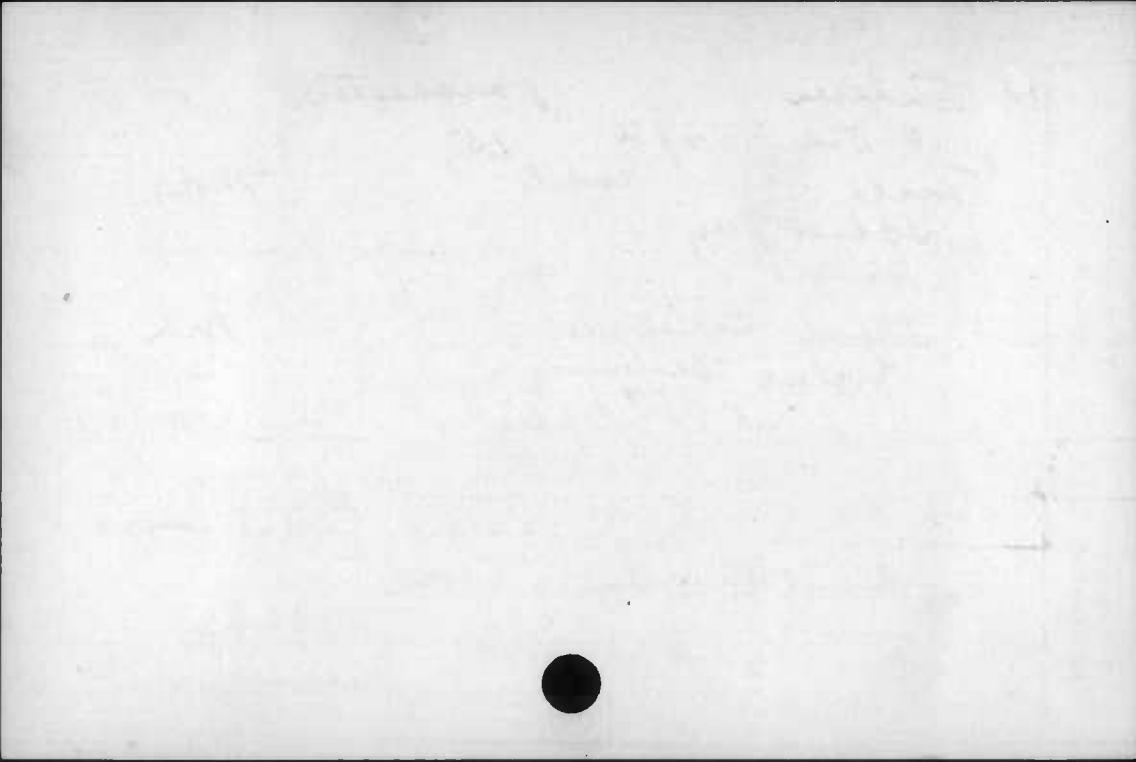
Died at <u>Reids Grove</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>29</u>	Years <u>24</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Ind.</u>	
Occupation <u>Housework</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Thomas Eye</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Eliza Hubbard</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Thomas Eye</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Acute Tuberculosis</u>	How long	<u>about 2 mo.</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D H Bland</u>	
		Address <u>Vienna Ind.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William D Downey

Town

County

Died at

Linkwood

Dorchester

MARYLAND

Date

of death

Month

Day

Years

Months

Days

1908

Dec

17

Age

14

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

School Boy

Where Residing if not
at place of death

Linkwood

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph M Downey

Father's
Birthplace

Rock Hall

Mother's
Maiden Name

Anna M Crouch

Mother's
Birthplace

Rock Hall

Name of person giving
Information

Joseph M Downey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid & Intubility

How long

Several weeks

Immediate

Heart Failure

How long

Sent

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. E. Wolf

Address

Cambridge, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Henrietta Edmondson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 Month Dec. Day 11 Age 76 Years Months 1 Days —

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Samuel Edmondson Father's Birthplace Maryland

Mother's Maiden Name Eleanor Grey Mother's Birthplace —

Name of person giving Information John H. Edmondson How related to deceased Nephew

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long Some months

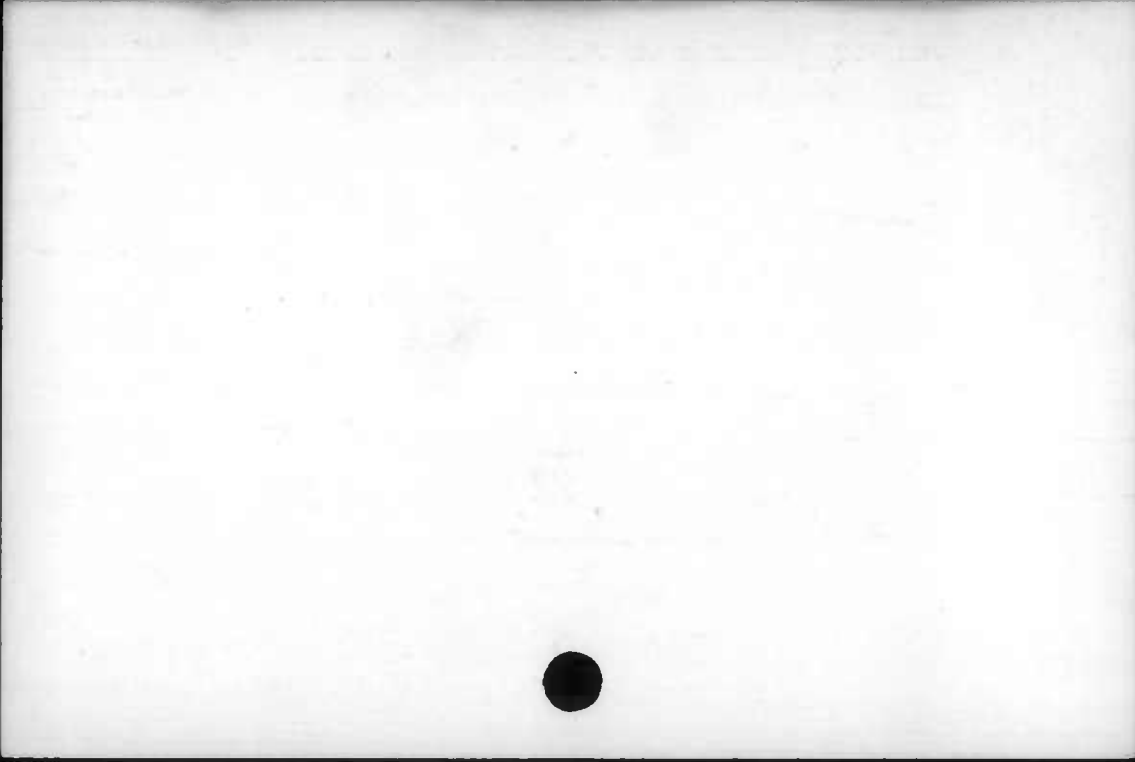
Immediate E. haemha How long A few weeks

Are the name, age, sex, color, date and place correctly given above? Yes

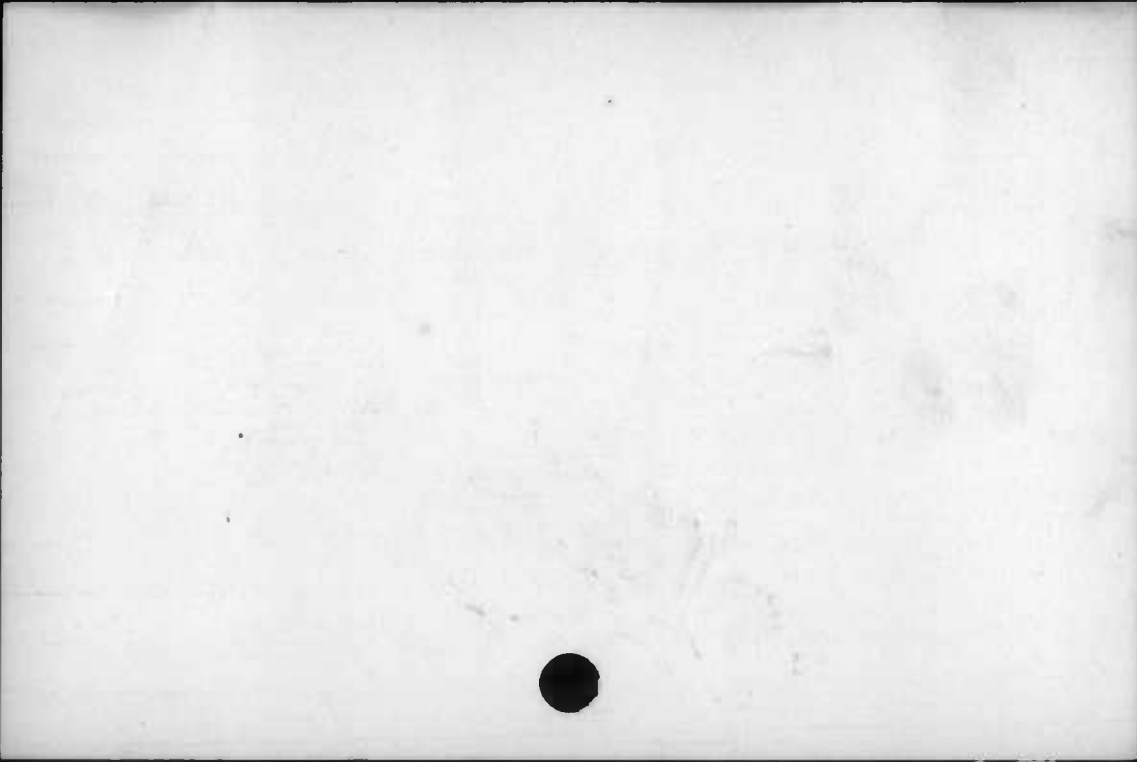
Signature of Physician D. M. Goldborough

Address Cambridge, Md

Accident or Suicide



Name in Full Joseph Emanuel		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge	Town Cambridge	County Dorchester
	MARYLAND		
	Date of death 1908	Month Dec	Day 26
	Age 53	Months —	Days —
	Sex Male	Color or Race Colored	Birth place Dorchester Co.
	Occupation Sabotier	Where Residing if not at place of death —	
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Robert Travers	Father's Birthplace Dorchester Co.		
Mother's Maiden Name Julia Emanuel	Mother's Birthplace Dorchester Co.		
Name of person giving information Seneca Snippe	How related to deceased Sister		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Intestinal Obstruction	How long 2 days	
	Immediate Coll apse	How long several hrs.	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dexter P. Reynolds M.D.	
		Address Cambridge, Md.	
	Accident or Suicide?		



Name
in
Full

Oliver P. Foxwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1909 Month Dec. Day 22 Age 47 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Laborer Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Prue E. Foxwell

Father's Name Martin Foxwell Father's Birthplace Maryland

Mother's Maiden Name Do not know Mother's Birthplace "

Name of person giving Information Prue E. Foxwell How related to deceased Wife

CAUSES OF DEATH

Primary Fracture of skull & base of brain ^{du. accident} How long 1/2 hour -

Immediate Shock Hemorrhage How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Dr. Solonborg
Cambridge Md
(Over)

Accident or Suicide

Yes.PHYSICIAN
OR CORONER

"Fracture due to wound
caused by circular saw striking
skull."

Name
in
Full

CERTIFICATE OF DEATH

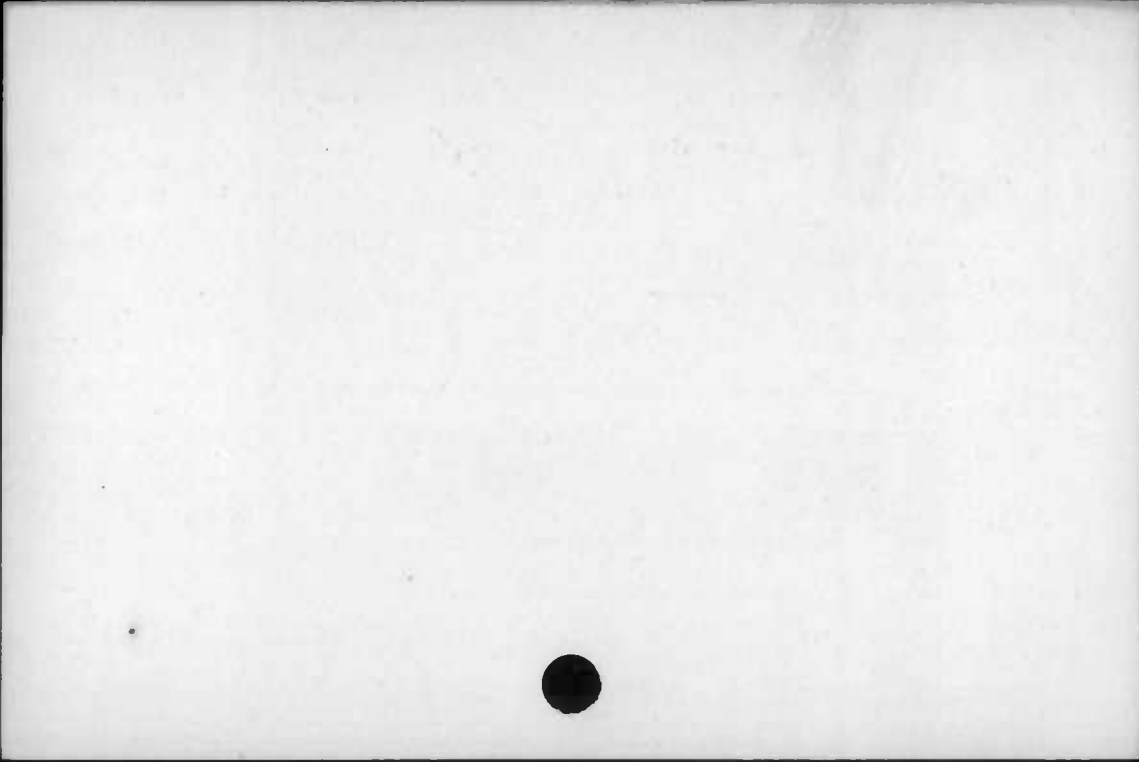
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Vienna</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		<i>Dec.</i>	<i>14</i>	Age	<i>6</i>		
Sex		Color or Race		Birth-place			
<i>male</i>		<i>Afro-American</i>		<i>Vienna, Md</i>			
Occupation		Where Residing if not at place of death					
<i>nursing</i>		<i>Vienna</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
<i>Don't Know</i>		<i>Don't Know</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Don't Know</i>		<i>Don't Know</i>					
Name of person giving information		How related to deceased					
<i>James Hill</i>		<i>Don't Know</i>					

CAUSES OF DEATH

⑨

Primary	<i>Croup</i>	How long	<i>Don't Know</i>
Immediate	<i>Asph.</i>	How long	<i>Don't Know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>So far as I know</i>		<i>R. J. Price</i>	
		Address	
		<i>Vienna, Md.</i>	
Accident or Suicide?			



Name
in
Full

William Jackson

CERTIFICATE OF DEATH

Died at Cambodge ^{Town} Dorchester Co ^{County} MARYLANDDate of death 1908 ^{Month} Dec ^{Day} 16 ^{Years} 41 ^{Months} 0 ^{Days} 0Sex Male Color or Race Black Birth-place BaltimoreOccupation Oyster Shucker Where Residing if not at place of death CambodgeMarried, Single or Widowed Single Name of Wife or ~~Husband~~Father's Name Henry JacksonFather's Birthplace CambodgeMother's Maiden Name Sallie HenryMother's Birthplace CambodgeName of person giving Information Annie ConbyHow related to deceased Cambodge

CAUSES OF DEATH

79

Primary Absence of the heartHow long a long timeImmediate 11 11 11 11How long a week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

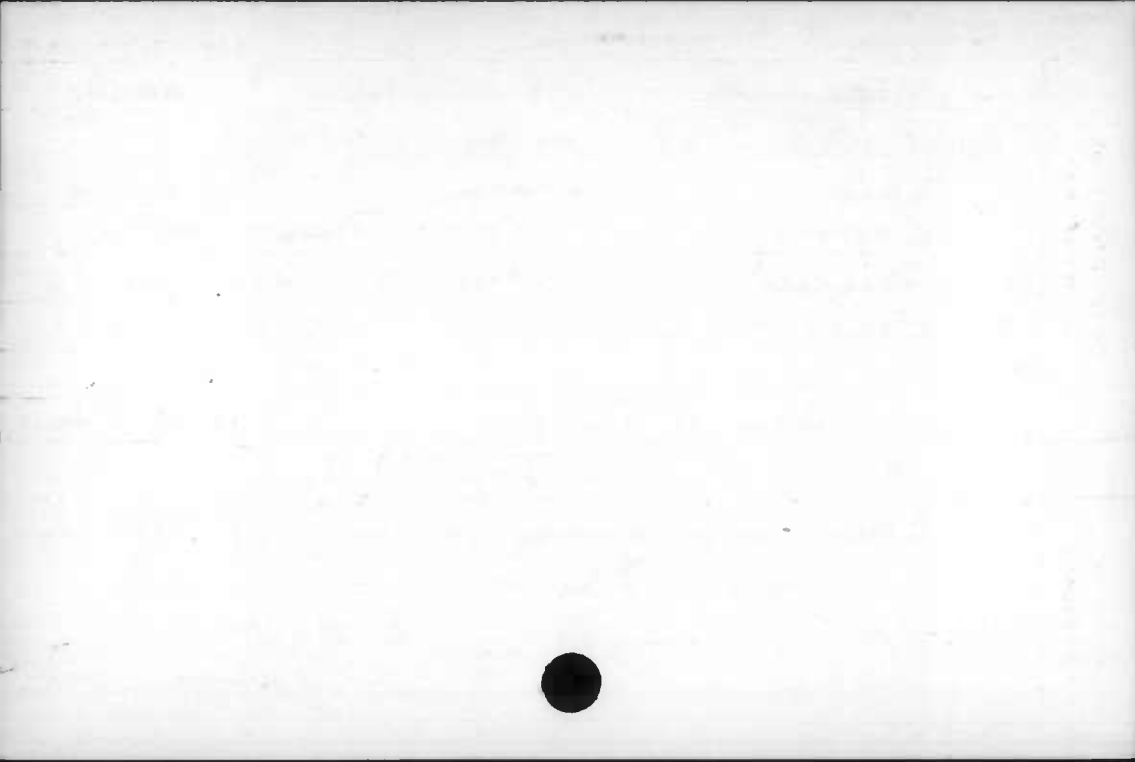
Absent

Address

Bellevue

Accident or Suicide

Justice of the PeaceTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clifford Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

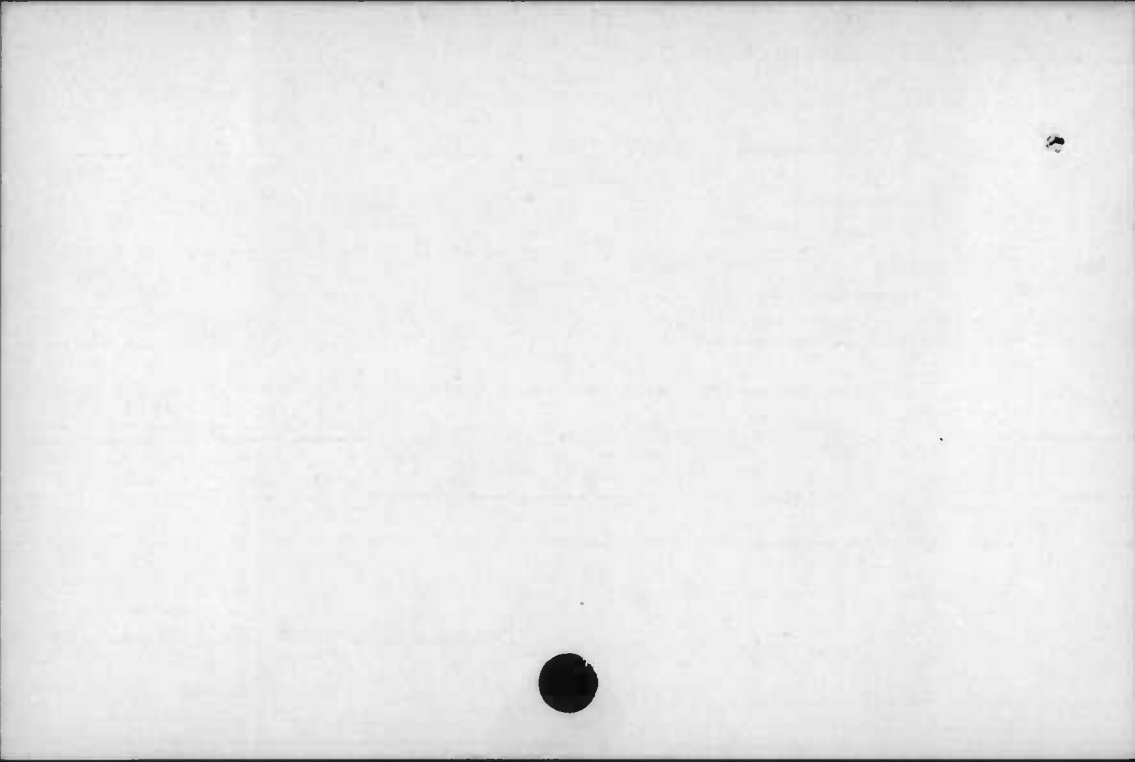
Died at <u>Vienna</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1908	Month	DEC	Day	27
Age		Years		Months	Days
21					
Sex	Male		Color or Race	Colored	
Birth-place	Vienna				
Occupation	Laborer		Where Residing if not at place of death	New York.	
Married, Single or Widowed	Married		Name of Wife or Husband	Mama J. Johnson.	
Father's Name	Could not be gotten			Father's Birthplace	Unknown
Mother's Maiden Name	Could not be gotten			Mother's Birthplace	Unknown
Name of person giving information	Celia R Steevens			How related to deceased	Mother in Law.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Suspicious Pulmonary Tuberculosis		How long	7 months
Immediate	Heart Failure.		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		D. H. Blunt.		
		Address		
		Vienna Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Rennie O Jones*

Town

County

Died at *Toddville**Dorchester*

MARYLAND

Date

of death *1908 December*

Month

Day

29th

Years

Age

21

Months

Days

Sex

*female*Color or
Race*white*Birth-
place*Toddville Bar
co md*

Occupation

*house work*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HuabandFather's
Name*Wm J Jones*Father's
Birthplace*Toddville
Bar co md*Mother's
Maiden Name*Fannie A Todd*Mother's
Birthplace*Toddville
Bar co md*Name of person giving
Information*Wm J Jones*How related
to deceased*father*

CAUSES OF DEATH

27

Primary

Pulmonary Consumption

How long

Immediate

How long

Are the name, age, sex, color, data
and place correctly given above?*Yes*Signature of
Physician*no physician in attendance*

Address

*Wm H Pitchett J P
Bishop Head md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mabel P. Keene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1908	Month	Dec.	Day	19	Age	2
						Years	2
						Months	3
						Days	26
Sex	<i>Female</i>		Color or Race	<i>African</i>		Birth-place	<i>Md</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	<i>S</i>		Name of Wife or Husband				
Father's Name	<i>Jas. W. Keene</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Reziah Jennifer</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Jas. W. Keene</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	<i>Burns on face & body from fire</i>		How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>Geo. B. Shriver Jr.</i>	
			Address	
			<i>Taylor's Island</i>	
			<i>Md.</i>	
Accident or Suicide?		<i>Accident</i>		



Name
in
Full

Bessie Knott,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town E. N. market		County Dorchester		MARYLAND	
Date of death	1908	Month 12	Day 11	Age	Years	Months	Days 6
Sex	Female		Color or Race	white		Birth- place	E. N. market
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Joseph Knott				Father's Birthplace	
Mother's Maiden Name		Sallie Sellers				Mother's Birthplace	
Name of person giving In formation		Joseph Knott				How related to deceased	
						Foster	

CAUSES OF DEATH

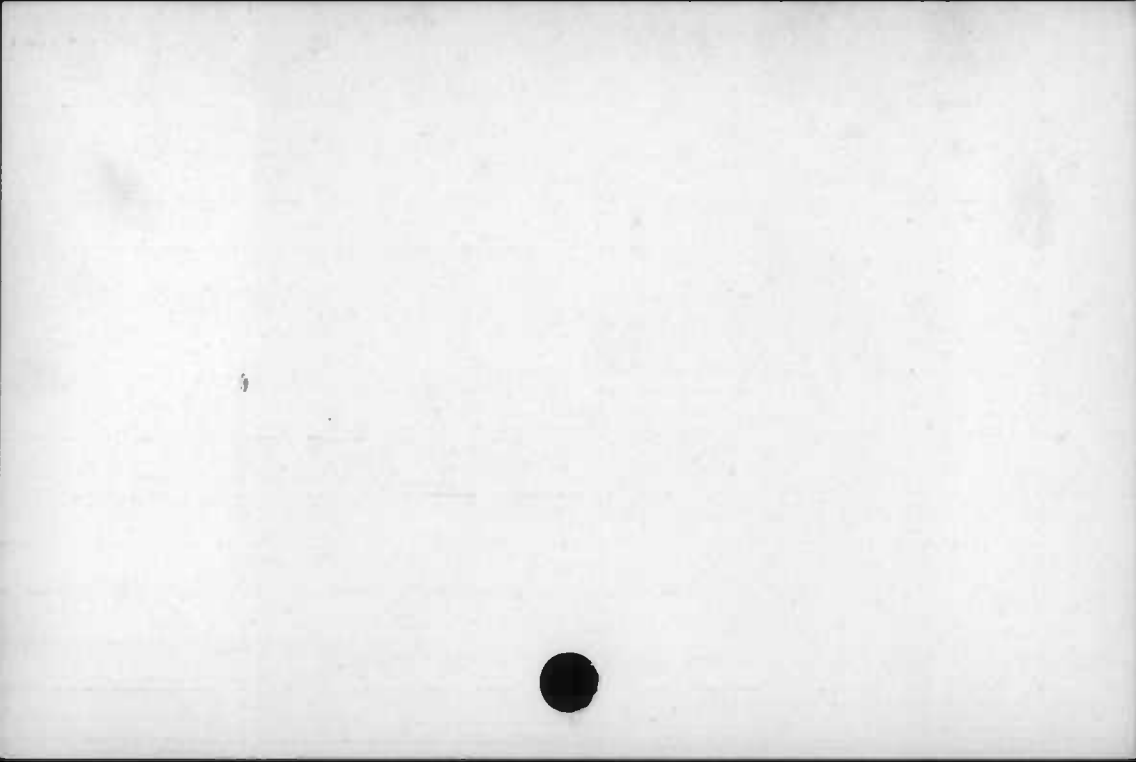
63

PHYSICIAN
OR CORONER

Primary	Delivery at birth		How long	
Immediate	Paralysis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. F. Nicols M.D.
			Address	E. N. market
Accident or Suicide?				Md.



Name in Full		Mr Name Infant Le Compté				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Cambridge		^{County} Worcester		MARYLAND	
		Date of death 1908		Month Dec.		Day 4	
		Age 1		Years hour		Months —	
		Sex Male		Color or Race White		Birth-place Ind	
		Occupation Child		Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Chas. A. Le Compté		Father's Birthplace Ind					
Mother's Maiden Name Mary N. Seward		Mother's Birthplace Ind					
Name of person giving information Chas. A. Le Compté		How related to deceased Father					
		CAUSES OF DEATH		(151)			
PHYSICIAN OR CORONER		Primary Paralysis of Respiration		How long 1 hour			
		Immediate Heart Failure		How long 20 minutes			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. E. Wolff			
				Address Cambridge, Ind.			
		Accident or Suicide? Willing					



Name
in
Full

Bradley McCreedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crapo District no 5</i>		Town <i>Torchester</i>		County		MARYLAND	
Date of death <i>1908 December</i>		Month <i>2</i>		Day <i>23</i>		Years	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Crapo Straits</i>		<i>md</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Levin McCreedy</i>		Father's Birthplace <i>Straits Straits</i>					
Mother's Maiden Name <i>Hannah McCreedy</i>		Mother's Birthplace <i>Crapo District</i>					
Name of person giving information <i>Levin McCreedy</i>		How related to deceased <i>father</i>					

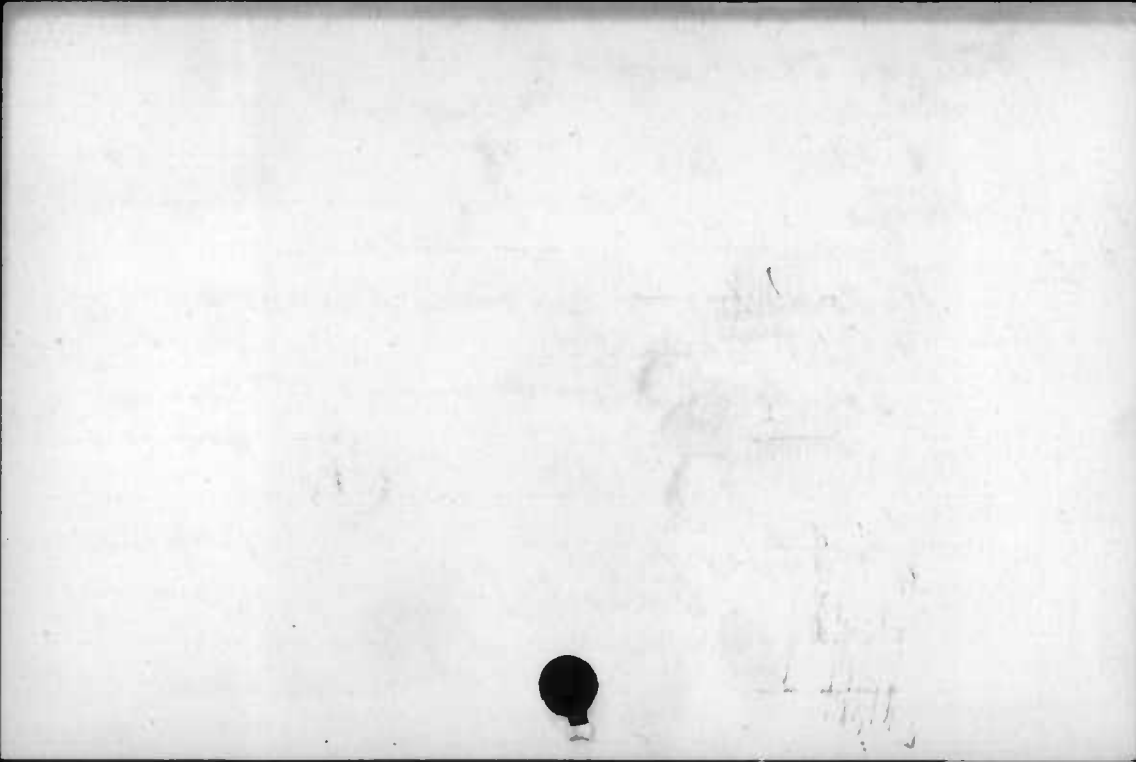
CAUSES OF DEATH

How long *4 weeks*

How long

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>		How long <i>4 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. Stansbury Wingate md</i>	
		Address <i>Wm H. Pritchett J.P.</i>	
Accident or Suicide?		<i>Bishop Head md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Katharine Mitchell</i>		Town <i>Drawbridge</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at		Month <i>8 Dec</i>		Day <i>12</i>		Years <i>75</i>	
Date of death <i>1908 Dec 12</i>		Age <i>75</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Dorchester Cornerville</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Cumby Dr House</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Levin Mitchell</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Dont Know</i>					
Name of person giving Information <i>Alex. Mitchell</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age [at Cumby Dr House]</i>		How long <i>gradual</i>	
Immediate <i>Myocardium</i>		How long <i>about a week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>absent</i>	
Yes		Address <i>Cumby Dr House</i>	
Accident or Suicide		Justice of the Peace	



Name
in
Full

CERTIFICATE OF DEATH

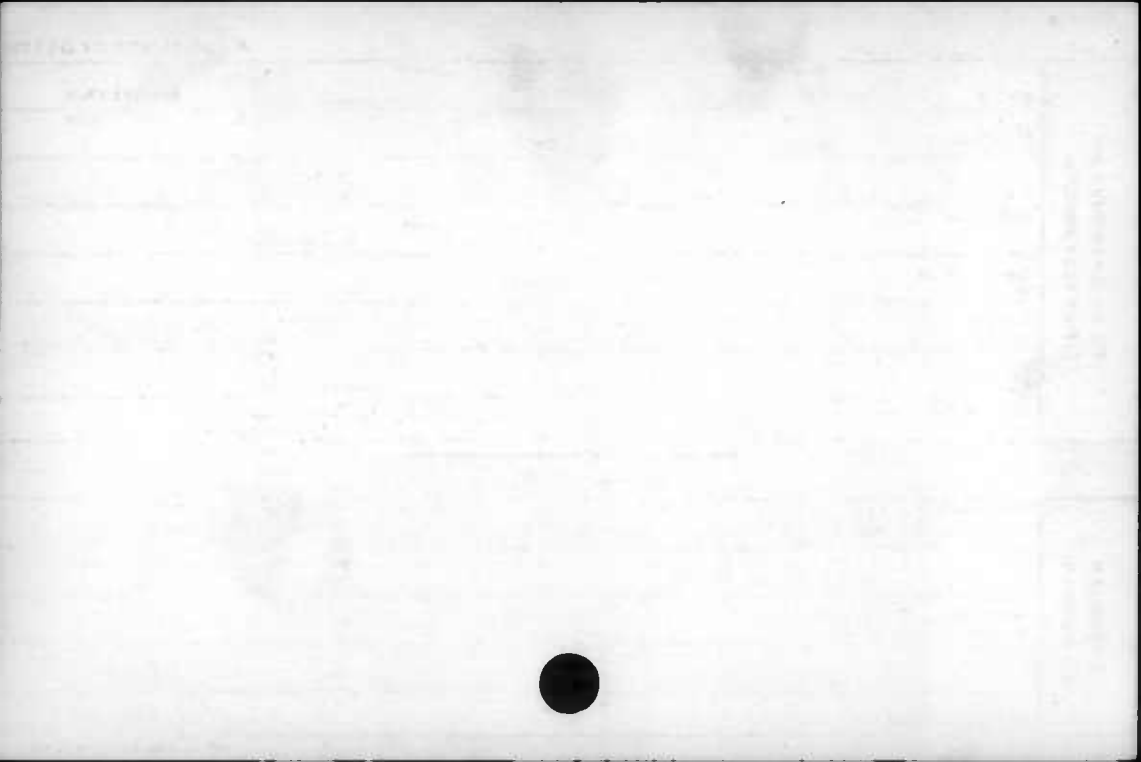
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>No name Montgomery</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Month <i>Dec</i>		Day <i>25</i>		Age <i>—</i>	
Date of death <i>1908</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>—</i>		Color or Race <i>Colored</i>		Birthplace <i>Cambridge</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Johnson Montgomery</i>				Father's Birthplace <i>Chick BR</i>			
Mother's Maiden Name <i>Carrie Heepes</i>				Mother's Birthplace <i>Cambridge</i>			
Name of person giving Information <i>Johnson Montgomery</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>8</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No physician</i>
	Address <i>Commonwealth Justice of the Peace</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

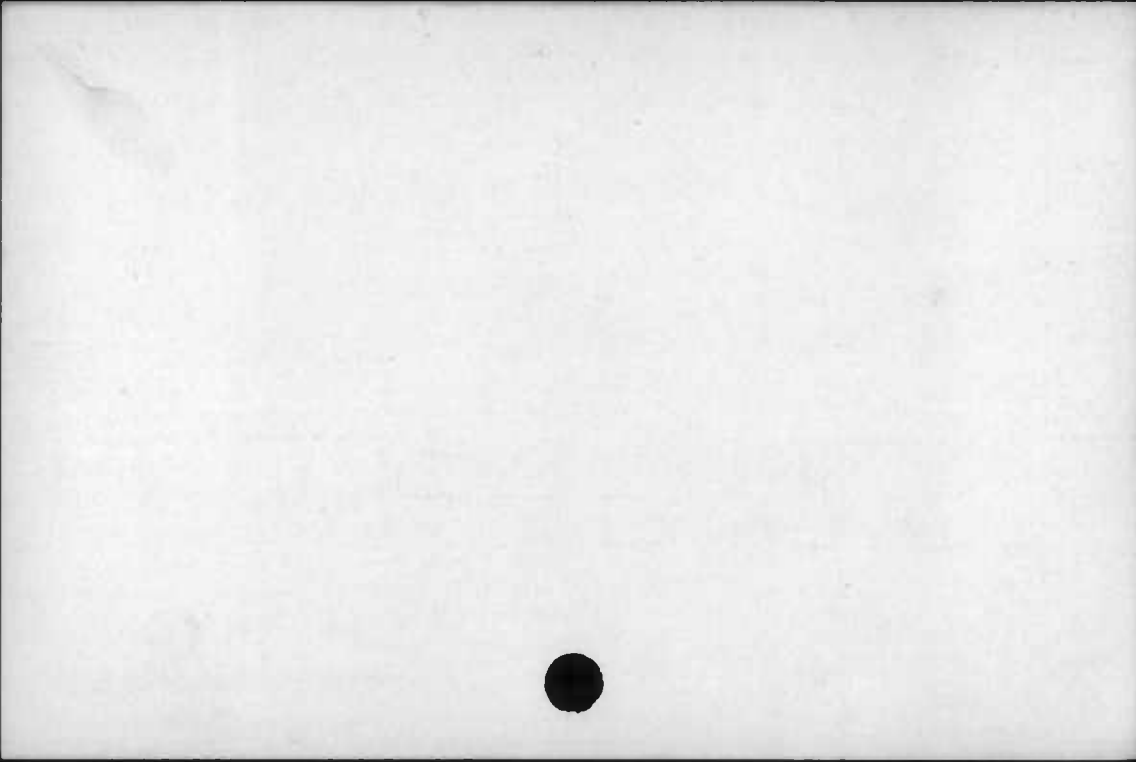
Died at <i>Sturlock</i> <small>Town</small>		<i>Throckster</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	Dec	Day	24
Age	78	Years		Months	-
Sex	Male	Color or Race	Colored	Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Lamnia Murray		
Father's Name	Wm. I. Brown		Father's Birthplace	Md	
Mother's Maiden Name	Schelotte Horner		Mother's Birthplace	Md	
Name of person giving information	John Murray		How related to deceased	son	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Uterine Enteritis	How long	1 year
Immediate		How long	1 year
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. J. Maguire
		Address	Sturlock Md
Accident or Suicide?	-		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>E. Ligga & Perry</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		State MARYLAND	
Died at <i>Cambridge</i>		Date of death <i>9 8 1908</i>		Age <i>26</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Cambridge</i>		Days <i>13</i>	
Occupation <i>Genl Labor</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca Balden</i>					
Father's Name <i>E. Ligga Perry</i>		Father's Birthplace <i>Buck Town</i>					
Mother's Maiden Name <i>Keneatha Pinder</i>		Mother's Birthplace <i>Fredericksburg</i>					
Name of person giving Information <i>Wm. Camper</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

Primary *Chronic Bright's disease*How long
*1 year*Immediate *Pulm. Angerstem*How long
10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

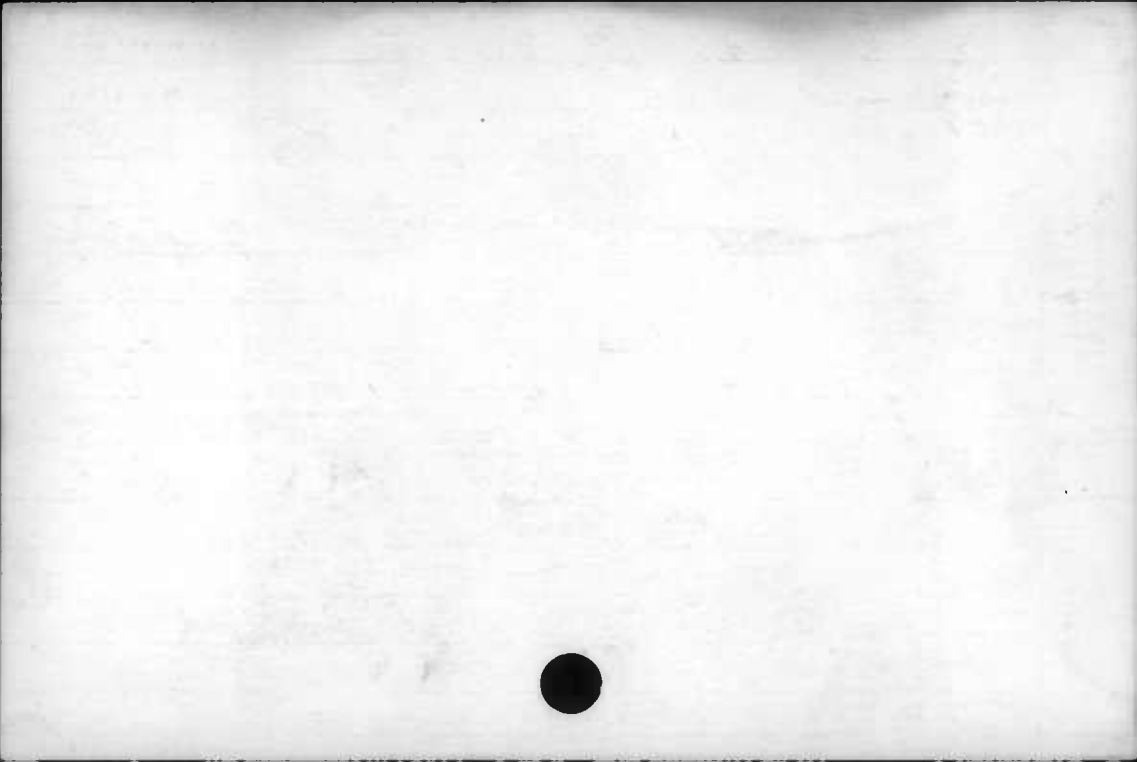
Signature of Physician

Address

Wm. Camper
Cambridge Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Walter Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

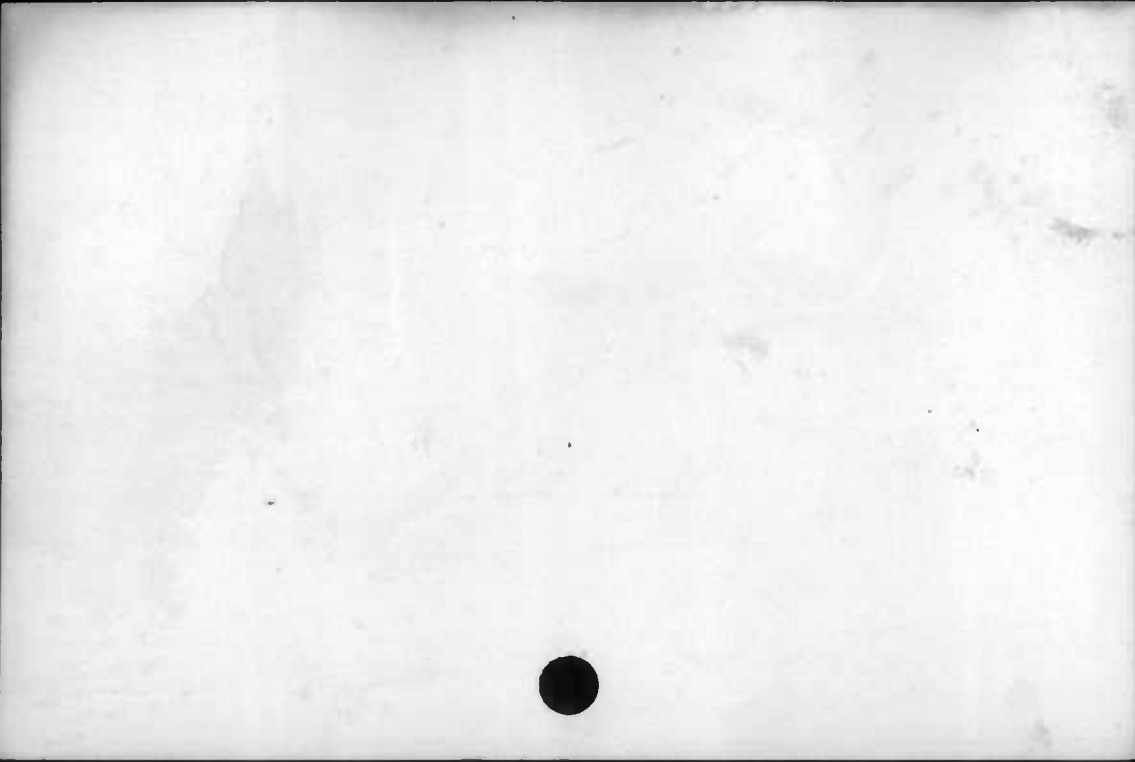
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1908	Month	Dec	Day	21
Age		2		Years	6
Sex	Male		Color or Race	Colored	
Occupation	<u>none</u>		Birth place	Dorchester Co.	
Where Residing if not at place of death			<u>none</u>		
Married, Single or Widowed		Single			
Name of Father's		John W. Perry			
Name		Birth place			
Mother's		Dorchester Co.			
Maiden Name		Harriett Binder			
Name of person giving information		John W. Perry			
How related to deceased		Father			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia		How long	3 days
Immediate	Congestion of Lungs		How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Dexter P. Reynolds MD		
Address		Cambridge, Md.		
Accident or Suicide?				



Name
in
Full

Mary Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

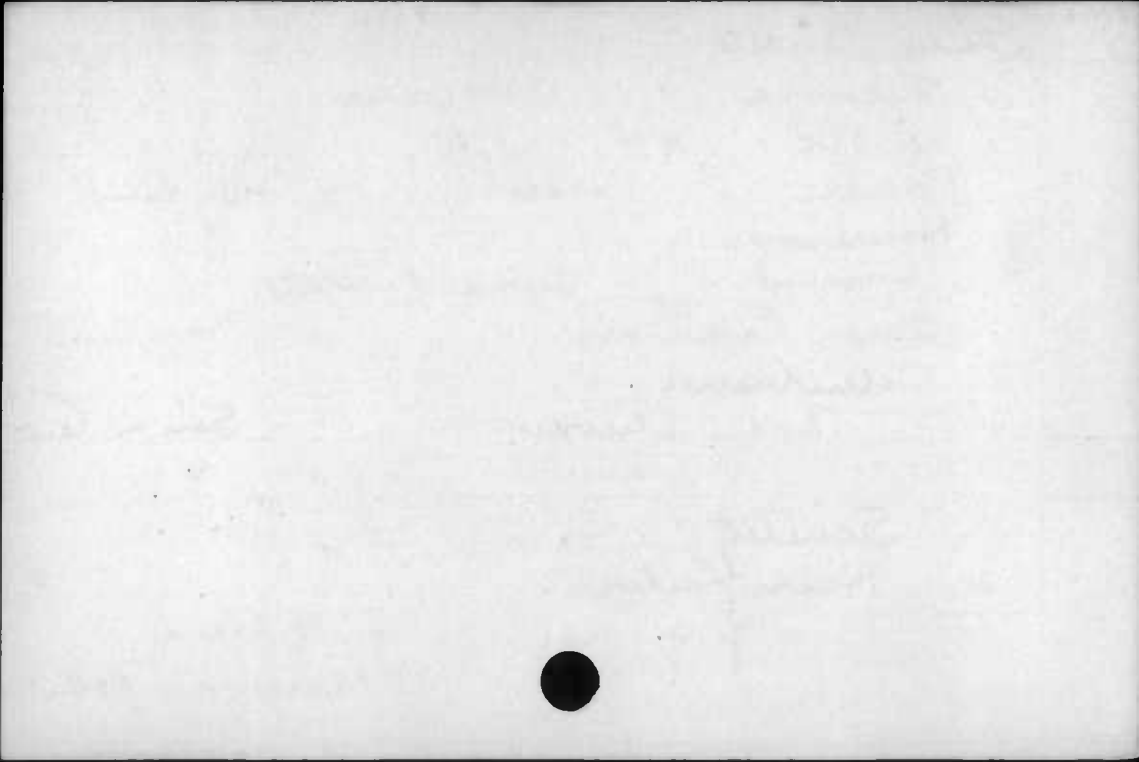
Died at <i>Taylor Island</i>		Town <i>Dorchester</i>		County		MARYLAND					
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>16</i>		Age <i>81</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>							
Occupation <i>Housework</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Benjamin Phillips</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Mary Hooper</i>		Mother's Birthplace <i>Md</i>									
Name of person giving information <i>Sarah A. Aaron</i>		How related to deceased <i>Sister</i>									

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>		How long <i>1 yr</i>	
Immediate <i>Cardiac Failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joe. H. Thriver Jr.</i>	
		Address <i>Taylor Island</i>	
		<i>Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Diana Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Vienna</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Dec</u> <small>Month</small>	<u>18th</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Maryland</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Sevin Pinkett</u>				
Father's Name <u>Aaron Coleman</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Noah Stewart</u>	How related to deceased <u>Son in Law</u>				

CAUSES OF DEATH

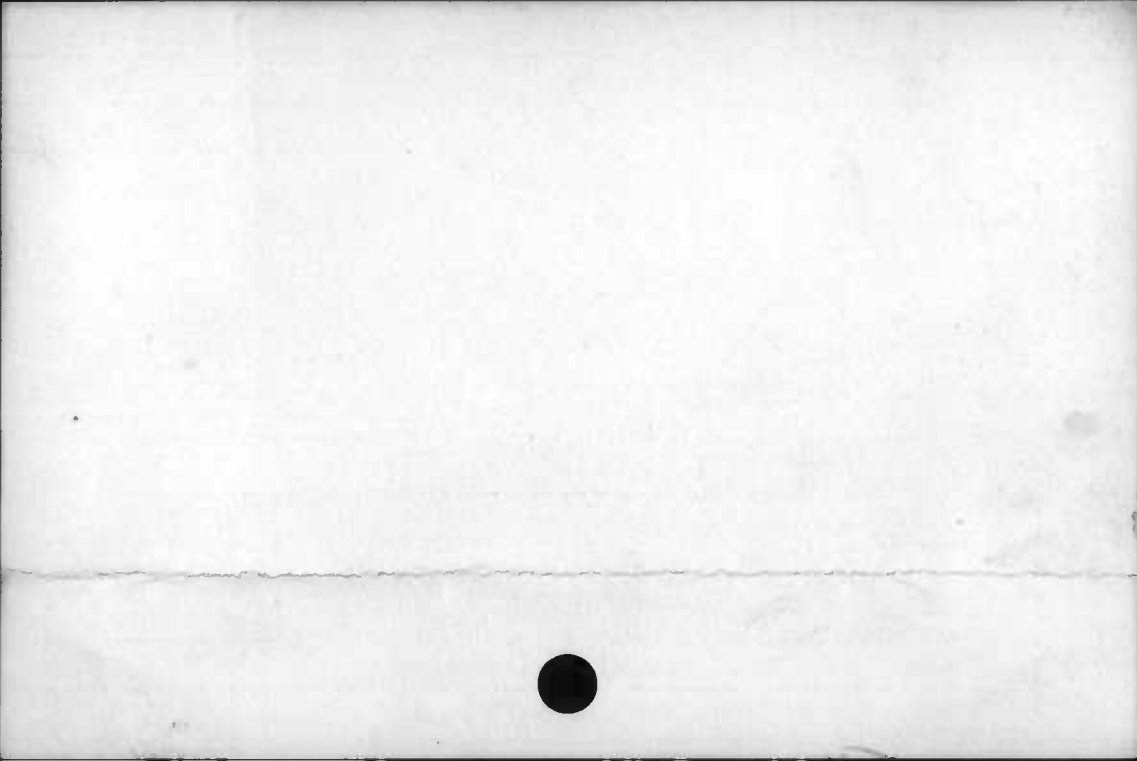
154

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>Unknown</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>D. H. Bland</u>
	Address <u>Vienna Md.</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>in Hurlock</i>						MARYLAND			
		Date of death 190 <i>8</i>	Month <i>12</i>	Day <i>6</i>	Age <i>37</i>	Years <i>37</i>	Months <i>11</i>	Days <i>1</i>			
		Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Dor Co</i>					
		Married, Single or Widowed <i>Single</i>				Occupation <i>a</i>					
		Name of Wife or Husband <i>-</i>									
		Father's Name <i>Edw Riley</i>				Father's Birthplace <i>Takot Co</i>					
		Mother's Maiden Name <i>Elsie Levenson</i>				Mother's Birthplace <i>Dor Co</i>					
		Name of person giving in formation <i>Emma Levenson</i>				How related to deceased <i>step mother</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Stroke from</i>				How long					
		Immediate <i>the same</i>				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>E. Rogers Myers</i>					
						Address <i>Hurlock Mich</i>					
		Accident or Suicide?									



Name
in
Full

Willie Samson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i> ^{Town}		<i>Dorchester Co</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Hurlock</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joe Samson</i>			Father's Birthplace <i>Hurlock</i>		
Mother's Maiden Name <i>Eva Samson</i>			Mother's Birthplace <i>Hurlock</i>		
Name of person giving Information <i>Joe Samson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary <i>Cerebral Fever</i>	How long <i>2 weeks</i>
Immediate <i>Spasms</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Fleming</i>
	Address <i>Hurlock, Md</i>
Accident or Suicide? <i>—</i>	

$$\begin{array}{r} 9859 \\ 3500 \\ \hline 13359 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Jas W. Sanders* Town *Wright Wharf* County *Dorchester* MARYLAND

Died at *Wright Wharf*

Date of death 190*8* Month *12* Day *30* Age *66* Years Months *10* Days *9*

Sex *Male* Color or Race *White* Birthplace *MD*

Occupation *Former* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Alvin M. Gaubriel*

Father's Name *Chas W Sanders* Father's Birthplace *MD*

Mother's Maiden Name *Margaret A. Matthews* Mother's Birthplace *MD*

Name of person giving Information *W. Sanders* How related to deceased *Brother*

CAUSES OF DEATH

93

Primary *Labor Pneumonia* How long *8 days*

Immediate *Branch Pneumonia - Heart failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

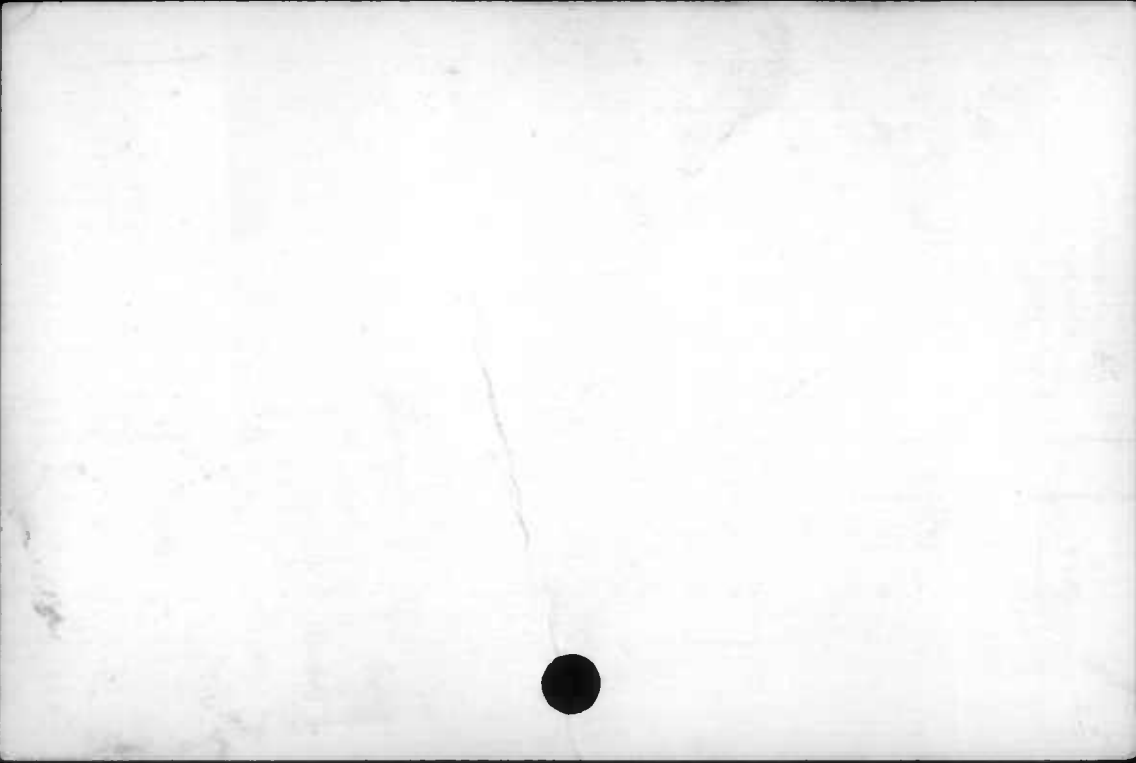
Address

Raymond Downer

Preston Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Eugene C. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Willsboro* Town

County

Sur

MARYLAND

Date

of death 190 *8*

Month

12

Day

9

Age

Years

1

Months

8

Days

Sex

*Male*Color or
Race*white*Birth-
place*Willsboro*Married, Single
or Widowed*single*

Occupation

*none*Name of Wife or
Husband*none*Father's
Name*Eugene Price*Father's
Birthplace*Sur Co*Mother's
Maiden Name*Lulu Bradley*Mother's
Birthplace*Sur Co*Name of person giving
information*Eugene Price*How related
to deceased*father*

CAUSES OF DEATH

*151*PHYSICIAN
OR CORONER

Primary

Mountain

How long

2 mos

Immediate

the same

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. Roger Myers*

Address

Hudson St

Accident or Suicide?



Name
in
Full

Lovey Et Pull

CERTIFICATE OF DEATH

Died at <i>Kimchville</i> ^{Town}		<i>Dor</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>68</i>	Months <i>5</i>	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Et L D Pull</i>				
Father's Name <i>Thomas Hackett</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Emmaline Wheatley</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Et L D Pull</i>	How related to deceased <i>husband</i>				

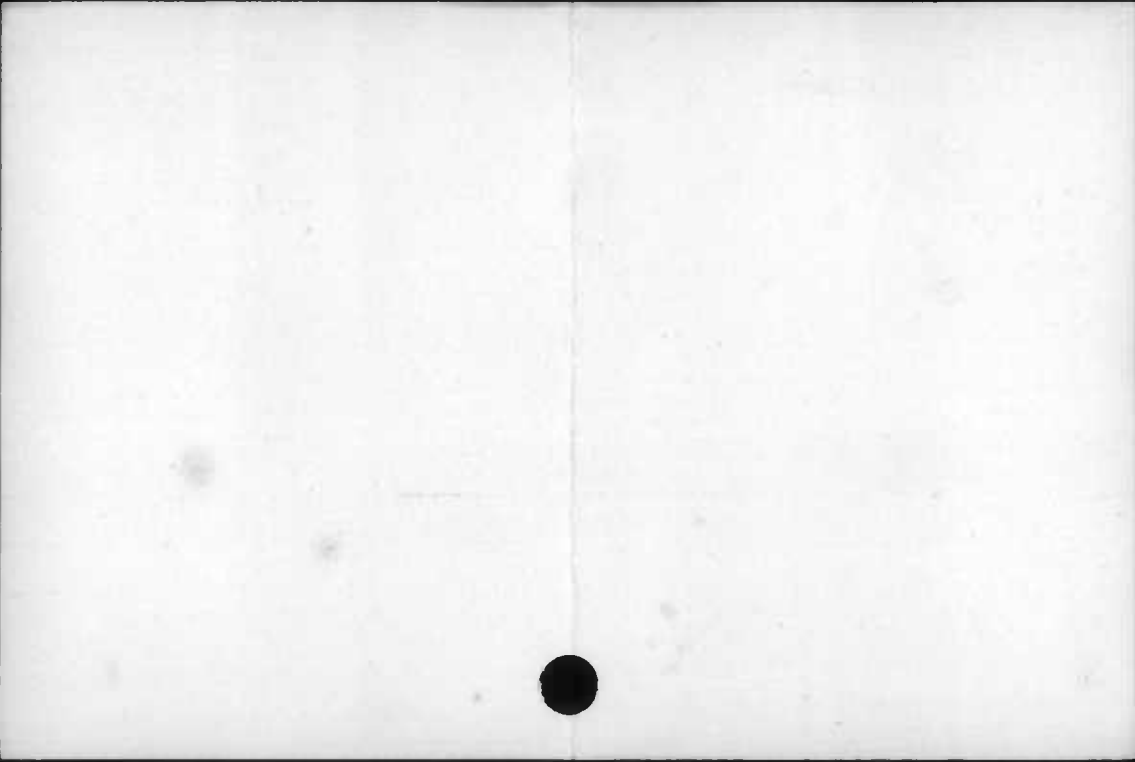
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

64

Primary <i>apoplexy</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kempf Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

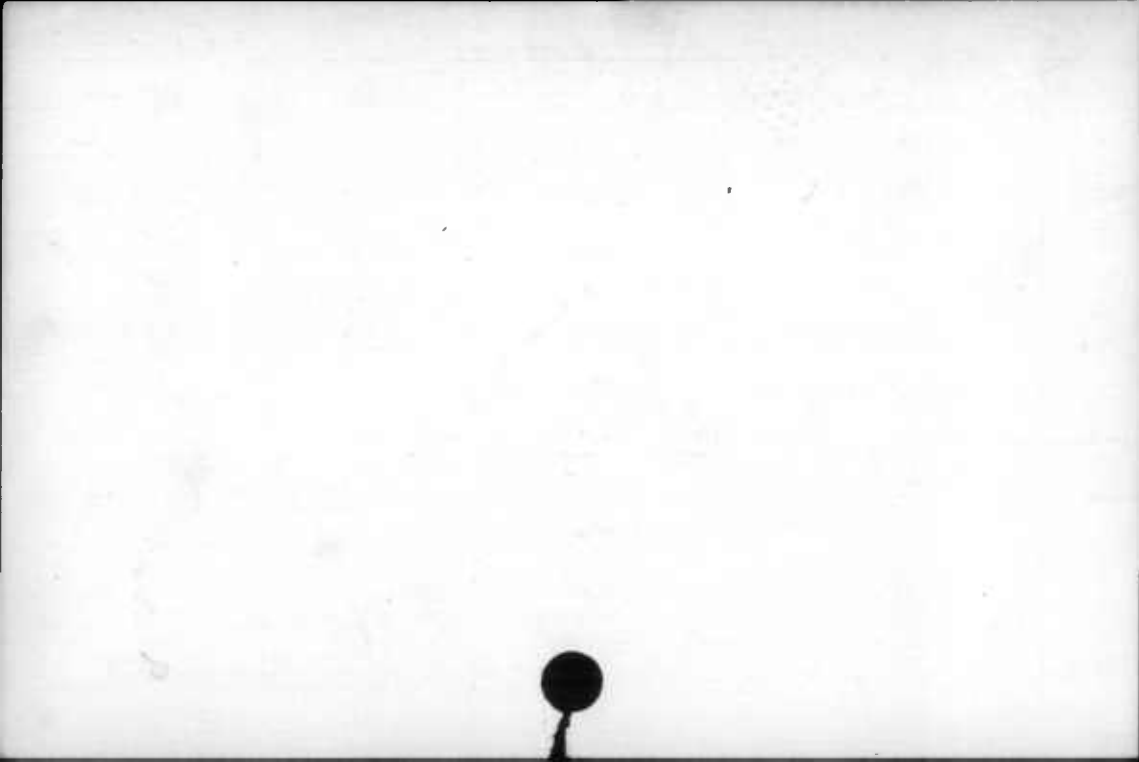
Died at <i>Town Point</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Dec.</i>	Day <i>14</i>	Age <i>70</i>	Months <i>11</i> Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Town Point "</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Annie Vane</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>G. L. Vane</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Heart Disease - Aortic Sclerosis</i>	How long <i>4 or 5 years</i>
Immediate <i>Heart Failure</i>	How long <i>Short</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Walcott</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide	



Name
in
Full

Lee Archer Venerables.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New York</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month	12	Day	6
Sex		Color or Race		Age	
<i>male</i>		<i>White</i>		<i>5</i>	
Occupation		Where Residing if not at place of death		Birth-place	
<i>none</i>		<i>—</i>		<i>md</i>	
Married Single or Widowed		Name of Wife or Husband			
<i>single</i>					
Father's Name		Father's Birthplace			
<i>Moore Venerables</i>		<i>Dorchester</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Maggie Ruggin</i>		<i>''</i>			
Name of person giving information		How related to deceased			
<i>Moore Venerables</i>		<i>Father</i>			

CAUSES OF DEATH

Primary

" Not known

How long

cant say

(179)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

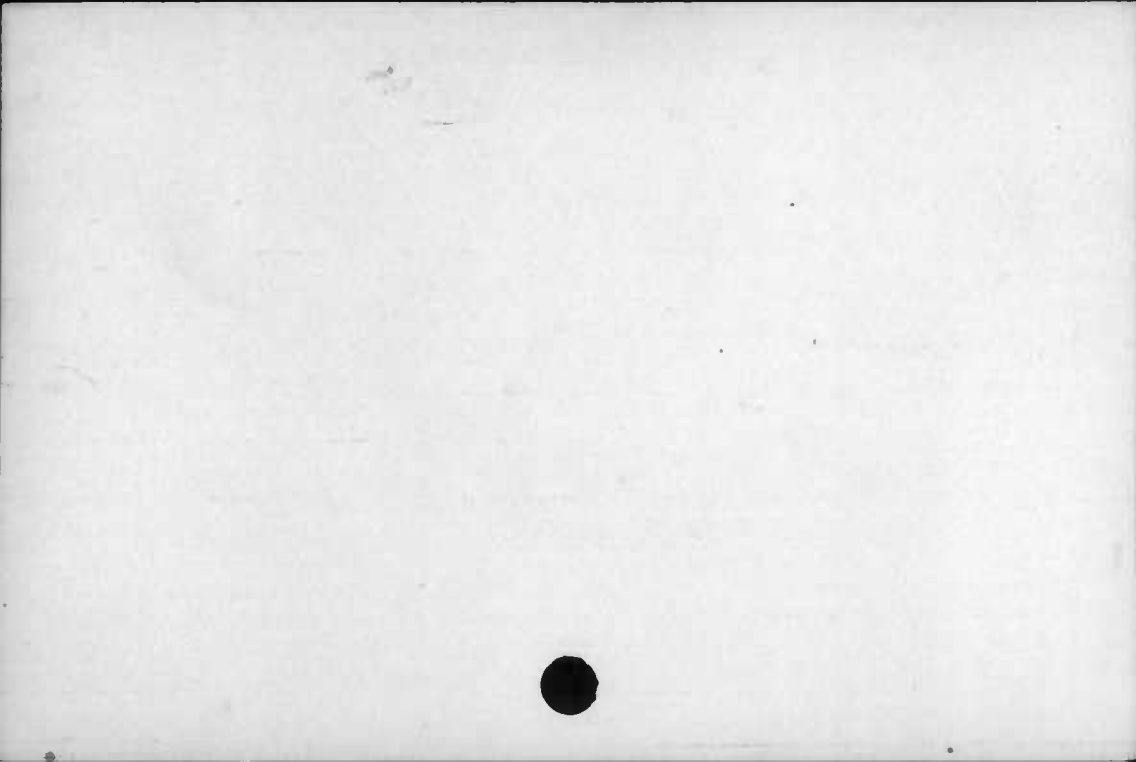
Signature of Physician

Address

*None**Wm L. Abdell JP
E. H. Moore md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lawrence W. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

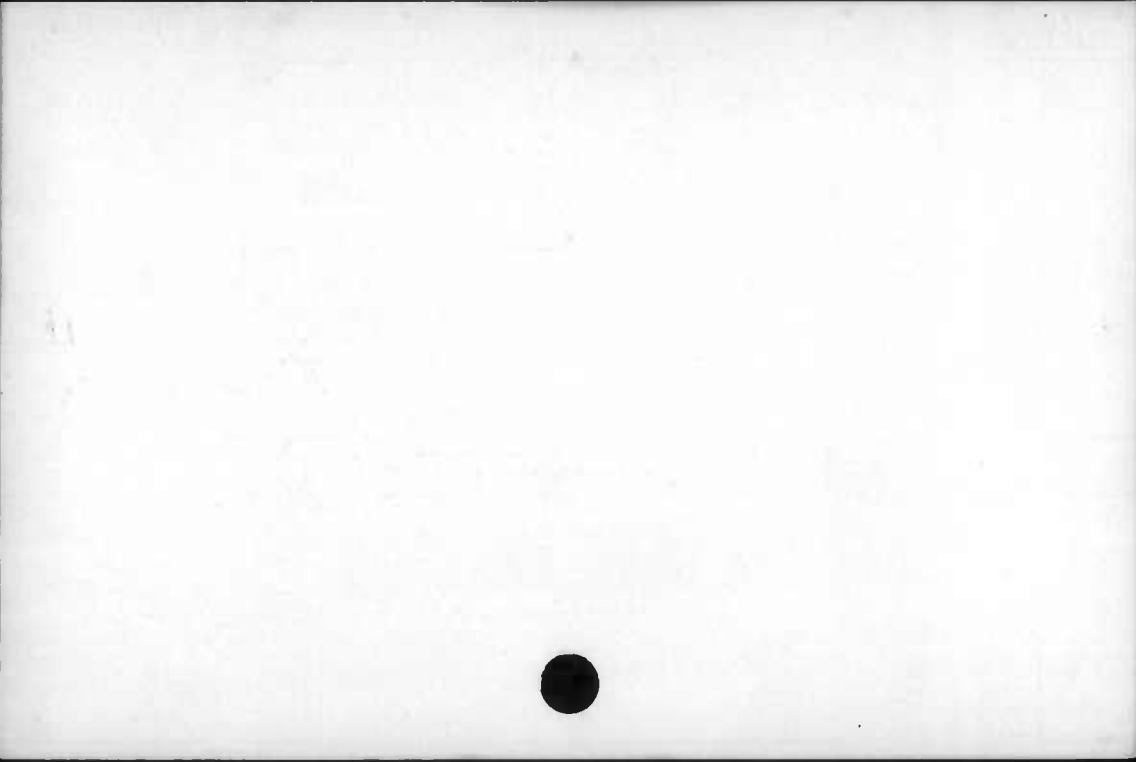
Died at <i>Hills Point</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Dor. Co Md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Effie W. King</i>			Mother's Birthplace <i>Dor. Co Md</i>		
Name of person giving information <i>Effie W. King</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	<i>Burn</i> <i>2nd 0</i>	How long <i>5 weeks</i>
Immediate	<i>Burned from clothing catching from fire</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. A. Stokes</i>
		Address <i>Corneliusville Md</i>
Accident or Suicide?	<i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Young</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>Dec</i>		Day <i>25</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>25</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosa Ann Young</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Robert Otho</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Haemorrhage</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. R. Shriver Jr</i>
	Address <i>Taylor's Island Md</i>
Accident or Suicide? <i></i>	

